# MISSOURI STATE BOARD OF NURSING NEWSLETTER

*The Official Publication of the Missouri State Board of Nursing with a quarterly circulation of approximately 113,000 to all RNs and LPNs*

**Volume 12 • No. 4** **November, December 2010, January 2011**


## Message from the President

***Aubrey F. Moncrief, CRNA***

I had the privilege of attending the National Council of State Boards of Nursing (NCSBN) convention in Portland, Oregon August 10–13, 2010. This is a very impressive group responsible for regulation and education of nurses, as well as the NCLEX examination. Being part of this group is a big honor. I was able to talk with other state board members and network about problems common to all states.

I cannot express enough the need for all nurses to be vigilant in their care of patients and for nursing instructors to impart this concept to your students. Nursing is a proud profession and often times thankless. As President of the Board, I have become aware of the unwise choices and mistakes made by nurses which have resulted in discipline of their nursing license. But, it must be remembered that this involves only a small percentage of nurses. Thankfully there are many nurses that are conscientious in their care and compassion for patients throughout their whole careers.

Be Careful Out There!

## Executive Director Report

***Lori Scheidt, Executive Director***

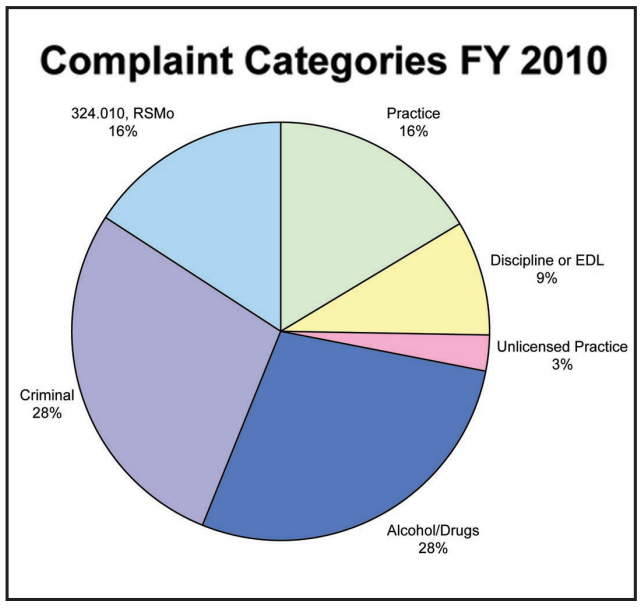
# 2010 Fiscal Year Statistics

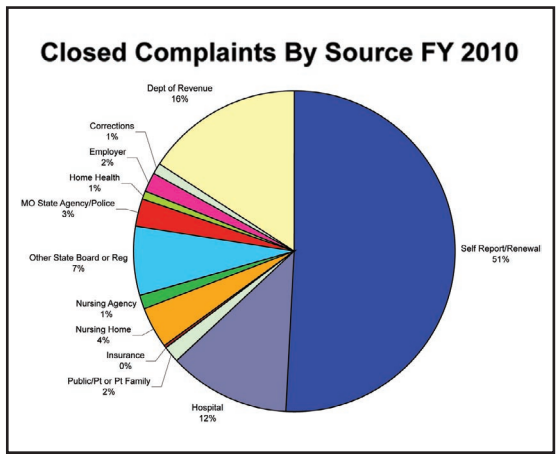
The 2010 fiscal year for Missouri state government began July 1, 2009 and ended June 30, 2010.

The Board reviews all complaints that are filed against the license of a nurse. Following an investigation, the Board determines whether or not to pursue discipline. If the Board decides that disciplinary action is appropriate for a violation of the Nursing Practice Act (see 335.066, RSMo), the Board is authorized to impose any of the following disciplines singularly or in combination:

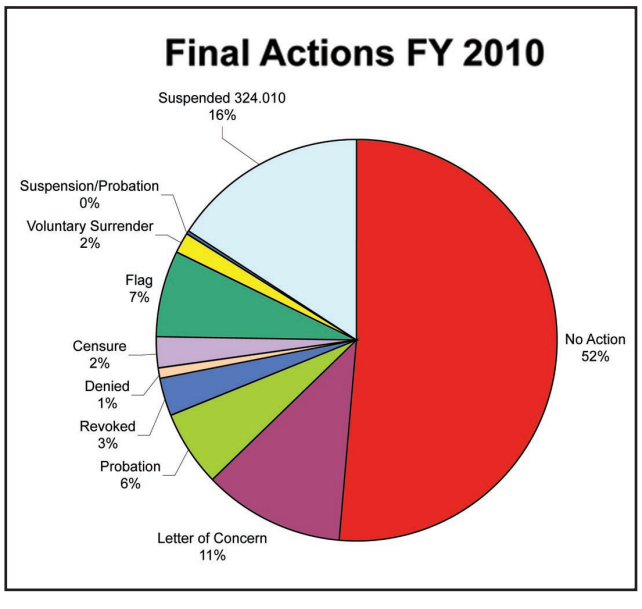
- Censure—least restrictive discipline. The imposition of censure acts as a public reprimand that is permanently kept in the licensee's file.
- Probation—places terms and conditions on the licensee's license.
- Suspension—requires that the licensee cease practicing nursing for a period not to exceed 3 years.
- Revocation—most restrictive discipline. The imposition mandates that the licensee immediately loses his/her license and may no longer practice nursing in Missouri.

The following chart shows the category of complaint and application reviews that were closed this past fiscal year. There were 2049 Board decisions made in fiscal year 2010.




The next chart shows the actions taken by the Board for those complaints and application reviews.




***Executive Director's report continued on page 2***


**GOVERNOR**
The Honorable Jeremiah W. (Jay) Nixon

**DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS and PROFESSIONAL REGISTRATION**
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**DIVISION OF PROFESSIONAL REGISTRATION**
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*Member*

**EXECUTIVE DIRECTOR**
Lori Scheidt, BS



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# Important Telephone Numbers

| | |
|---|---|
| Department of Health & Senior Services (nurse aide verifications and general questions) | 573-526-5686 |
| Missouri State Association for Licensed Practical Nurses (*MoSALPN*) | 573-636-5659 |
| Missouri Nurses Association (*MONA*) | 573-636-4623 |
| Missouri League for Nursing (*MLN*) | 573-635-5355 |
| Missouri Hospital Association (*MHA*) | 573-893-3700 |

***Executive Director's report continued from page 1***

**Licenses Issued in Fiscal Year 2010**

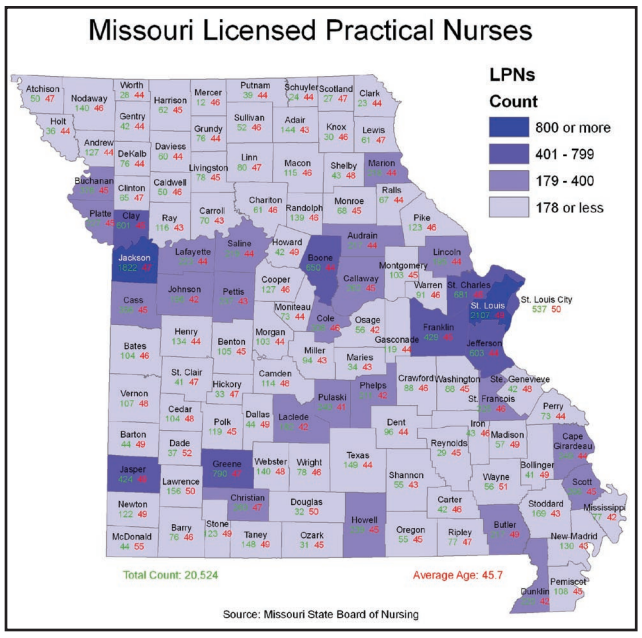
| | Registered Nurse | Licensed Practical Nurse |
|---|---|---|
| Licensure by Examination (includes nurses not educated in Missouri) | 3520 | 1436 |
| Licensure by Endorsement | 1864 | 286 |
| Licensure by Renewal of a Lapsed or Inactive License | 1392 | 358 |
| Number of Nurses holding a current nursing license in Missouri as of 6/30/2009 | 88,704 | 25,436 |

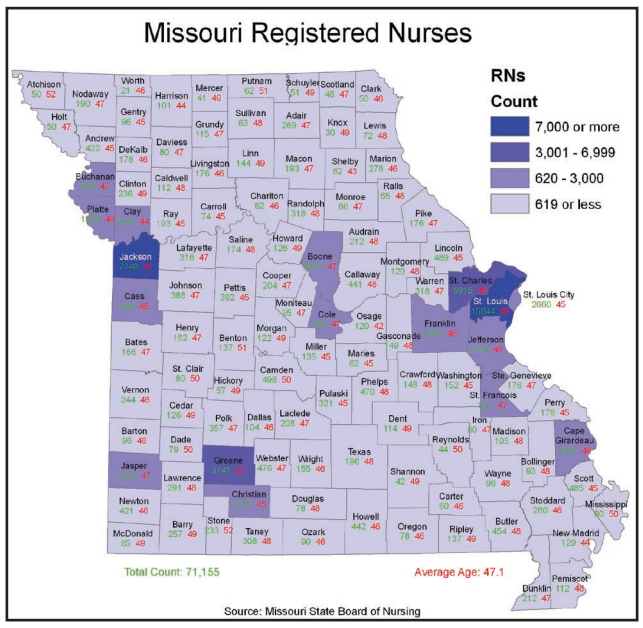
**Licensure Database Information**

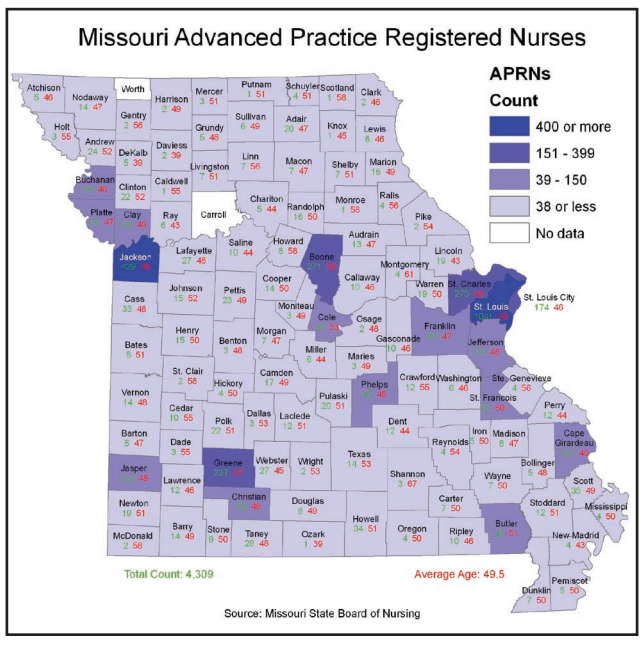
The average age of nurses continues to stay about the same. This is based on all nurses licensed in Missouri, regardless of where they reside.

| *Profession* | *FY2004* | *FY2005* | *FY2006* | *FY2007* | *FY2008* | *Fy2009* | *FY2010* |
|---|---|---|---|---|---|---|---|
| RN | 45 | 46.12 | 46.28 | 46.35 | 46.62 | 46.6 | 47.1 |
| LPN | 44 | 45.13 | 45.36 | 45.00 | 45.32 | 45 | 45.7 |

The following three maps depict the average age by county and the count of the number of nurses in each county that had a current Missouri nursing license and Missouri address as of July 1, 2010.





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# Number of Nurses Currently Licensed in the State of Missouri

***As of October 5, 2010***

| Profession | Number |
|---|---|
| Licensed Practical Nurse | 22,981 |
| Registered Professional Nurse | 91,145 |
| **Total** | **114,126** |

# Schedule of Board Meeting Dates Through 2011

**December 1-3, 2010**
**March 2-4, 2011**
**June 1-3, 2011**
**September 7-9, 2011**
**December 7-9, 2011**

Meeting locations may vary. For current information please view notices on our website at http://pr.mo.gov or call the board office.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

**Note: Committee Meeting Notices are posted on our web site at http://pr.mo.gov**

# Licensure Corner

*Angie Morice*
*Licensing Administrator*

**Missouri State Board of Nursing**
**Licensure Committee Members:**
Deborah Wagner, RN, Vice-President, Chair
Adrienne Anderson Fly, JD, Public Member
Lisa Green, PhD (c), RN, Member
Rhonda Shimmens, RN, BSN, C, Member
Roxanne McDaniel, PhD, RN, Member

**Registered Nurse licenses expire April 30, 2011**

Registered Nurse licenses will expire on April 30, 2011. Make sure you update any new addresses with our office as soon as possible. Renewal notices will be mailed early February to the last known address on file.

Your renewal notice will come in postcard form; the Board no longer mails actual renewal forms. The postcard will have instructions on how to renew your license online and instructions on how to request a paper renewal form, if needed.

**324.010 No Delinquent Taxes, Condition for Renewal of Certain Professional Licenses**

All persons and business entities renewing a license with the Division of Professional Registration are required to have paid all state income taxes and also are required to have filed all necessary state income tax returns for the preceding three years. If you have failed to pay your taxes or have failed to file your tax returns, your license will be subject to immediate suspension within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file.

If your license is suspended for tax state income taxes, you must stop practicing as a nurse immediately and you can not return to nursing practice until your license is active again. If you have any questions, you may contact the Department of Revenue at 573-751-7200.

**Name and address changes**

**Please notify our office of any name and/or address changes immediately in writing.** Be sure to include your name, license number, your name and/or address change and your signature. An address/name change form can be found at http://pr.mo.gov. The form may be downloaded from our website and submitted. Methods of submitting name and/or address changes are as follows:

- By faxing your request to 573-751-6745 or 573-751-0075.
- By mailing your request to Missouri State Board of Nursing, PO Box 656, Jefferson City, Missouri 65102.

**Contacting the Board**

In order to assist you with any questions and save both yourself and our office valuable time, please have the following information available when contacting the Board:

- License number
- Pen and paper

# Practice Corner

*Debra Funk, RN*
*Practice Administrator*

**Missouri State Board of Nursing**
**Practice Committee Members:**
Aubrey Moncrief, RN, CRNA
Deborah Wagner, RN
Rhonda Shimmens, RN-C
Roxanne McDaniel, RN, PhD
Robyn Chambers, LPN

**Your Obligation to the Board**

As a LPN, RN or an APRN in the State of Missouri, you are obligated by our Code of State Regulations to keep the Board of Nursing informed of your current address and mailing address if different from your primary address. As we went through the conversion on June 1, 2010, to the National Licensure Compact, it became very evident that this is not just a problem in Missouri but throughout the country. Many of you may have received phone calls from some of our Board staff trying to clear up confusion over primary state of residence.

Of utmost importance to you as a licensee, is the timely receipt of your renewal notice from the Board office. If we don't have your current mailing address, your renewal notice will be delivered to the wrong address. The renewal notice cannot be forwarded, so it is returned to our office. There is a change of address form on our website, www.pr.mo.gov/nursing.asp.

**When will Physical Therapists be able to accept a referral from an APRN?**

Pursuant to HB2226 and newly enacted legislation effective August 28, 2010, Physical Therapists can now accept referrals from an APRN. The language can be found by looking up the house bill number or by reviewing the physical therapist statutes beginning with 334.500 RSMo.

**Update on the revised collaborative practice and APRN rules:**

The rules will be in effect November 30, 2010. However, controlled substance prescriptive authority will **not** begin at that time. The Bureau of Narcotics and Dangerous Drugs (BNDD) are still working to replace their database and complete their rulemaking process. They are projecting a completion date into 2012. We will send out letters informing APRNs when controlled substance prescriptive authority will begin and the process to follow.

# Education Report

*Bibi Schultz*
*Education Administrator*

**Missouri State Board of Nursing**
**Education Committee Members:**
Lisa Green, PhD(c), RN, Chair
Roxanne McDaniel, PhD, RN
Ann Shelton, RN, MSN, PhD
Deborah Wagner, RN
Irene Coco, LPN

As part of a goal to make new and exciting opportunities in nursing education known to Missouri nurses as well as schools, in April of 2010 nursing programs throughout the State of Missouri were asked to write about innovative ways nursing education is fostered at their schools of nursing.

At a time when transition to practice as well as RN to BSN completion is on the forefront of issues related to nursing education, keen awareness of what is happening in nursing education is essential.

In this effort, the following articles were submitted and are reprinted with the permission of authors, as indicated at the end of each report:

**Rural Nurse Initiative at UMKC**

The UMKC HRSA-funded RN-BSN Rural Nurse Initiative program applies to rural and remote practicing RNs who are seeking a BSN through a relevant, flexible on-line format. The intent of the Rural Nurse Initiative (which is part of the UMKC RN-BSN program recently recognized by the National League for Nursing as one of ten leading nursing programs nation-wide for outstanding use of technology in nursing education) is to allow nurses to continue living and working in their home communities while completing their BSN degree. The initiative also seeks to provide the foundation for rural nurses who would like to become nurse educators, advanced practitioners or researchers in rural areas.

Each student is provided a broadband laptop and related subscription costs for the duration of the program. In addition, the nursing curriculum is tailored to address rural health issues and to thoughtfully connect rural and urban nurse learners for maximum networking and resourcing.

The UMKC School of Nursing has had an on-line RN-BSN program for a number of years that is distinctive and has been very successful. The program utilizes a framework based on Stephen Covey's "effective traits" work that moves students from personal development to development of skills for complex health systems through a series of block nursing courses. Unlike many other on-line programs, the UMKC program does not use self-study modules or broadcast from an existing classroom of on-site students. Instead a 'virtual classroom' connects every student from his or her own computer and students can see and/or hear each other for live class interaction. The classes offer maximum flexibility as they are offered 'live' once a week and recorded for later viewing or podcasting for students who cannot attend the live class. An innovative, live on-line health assessment course has been received very well by students and has been shown to be as effective as a more traditional approach.

A rich variety of learning experiences takes place in the program including nationally known guest lecturers, access to UMKC School of Nursing continuing education conferences, publishing and research opportunities and connections to experts from partner urban medical centers. Students even have the opportunity to go on medical mission trips. This year several distance learners went to rural Africa with program faculty.

Unlike most other on-line programs, the UMKC RN-BSN program does not require any bedside clinical. Since most practicing nurses already have good bedside nursing skills, the program emphasizes a broader skill set that will allow them to advance in their careers or enhance their practice management. A group leadership practicum (the only one of its kind in the nation) allows students to work with other students across the country to address real life problems in real communities. For example, one recent practicum project group designed and piloted a 'train-the-trainer' CPR program for a non-English speaking Hispanic community. The project was in a Kansas City neighborhood but the team leader was in Arizona. The project was very successful and the agency is currently working with a second group to further develop the project. Another group developed a rapid-delivery infant care curriculum for transient homeless pregnant teens. The agency was thrilled with the product which was outstanding. There are on-going projects in rural Iowa and Missouri and other projects will be extended to more rural communities in the future.

The RN-BSN program offers open enrollment and can be taken either part-time or full-time depending on the student's schedule. Most of the students are working adults–one recent graduate was a single working mother of six. Like all nursing programs, the study can be rigorous but expert faculty and staff support students through an excellent, 'doable' educational experience. Among the supportive services offered are 24/7 live technology support, a social worker dedicated to work with nursing students, on-line libraries and an on-line STEP site which offers easy accessibility to everything from writing assistance to a student social 'café'.

Students have an option for RN-PhD and, for those interested in becoming nurse educators; early admission to the UMKC on-line Nurse Educator program is possible. Additional information about the UMKC RN-BSN program and the Rural Nurse Initiative can be found at www.umkc.edu/nursing or by calling (816) 235-1700.

**Reprinted with permission of:**
**JoAnn Klaassen, RN, MN, JD**
**Clinical Assistant Professor**
**Director, UMKC Rural Nurse Initiative**

**NCLEX Study Plan Assignment at Park University**

The Park University Nursing Program identified a need for students to develop a comprehensive study plan to prepare for the NCLEX-RN. While the NCLEX results were acceptable, graduates discussed the need for some direction after graduation to help them prepare. Many took preparation courses, but had problems identifying areas of emphasis. The NCLEX Study Plan assignment gives students an opportunity to analyze their course and standardized examinations to develop a plan of study. Students are oriented to the process in the beginning of their fall course work. Formative feedback is provided at the end of the semester. The students then complete the work in the spring semester. Emphasis in the spring centers on analysis of the RN predictor standardized exams and course content exams. The assignment was implemented in the 2007-2008 academic year. The first year comments from students indicated a need for more orientation to the need of the assignment and how to use it post graduation. NCLEX-RN results in 2009 jumped to 100%. Students commented that the study plan was helpful to them in content preparation after graduation. This was the only curricular change made in the program.

**Description of the Assignment:** Each student is required to complete a self assessment of readiness for the NCLEX-RN and design a study plan for NCLEX preparation.

The process is composed of 4 parts

1. Complete a pre-test plan: What areas do you currently think you need to place an emphasis for NCLEX? Don't forget to think about the exams you have taken in class.
2. Take the Standardized exams
3. Analyze the results after the test. The results will be the data that you will use to customize your plan.
4. Based on the analysis develop your plan using your analysis for rationales.

The study plan will be composed of the following:

- Study time
- Study method
- Study content
- Benchmarks (other wise known as goals/ outcome objectives)

To achieve the points for this work you are required to complete all the sections with data and rationales to support your plan.

The plan you submit will be the beginning point for the work in the spring semester to continue your preparation for NCLEX.

**Reprinted with permission of:**
**Gerry Walker DHEd, MSN, RN**
**Nursing Program Chair**
**Park University**

# Discipline Corner

*Janet Wolken, MBA, RN*
*Discipline Administrator*

**Missouri State Board of Nursing**
**Discipline Committee Members:**
Aubrey Moncrief, RN, Chair
Adrienne Anderson Fly, JD
Robyn Chambers, LPN
Irene Coco, LPN
Deborah Wagner, RN

**Should an employer be informed when a nurse is taking prescription pain medication(s)?**

Nothing in the Nursing Practice Act (NPA) requires a nurse to reveal this information to an employer. I would recommend checking the policies of your employer; some employers have a zero tolerance policy regarding controlled substances.

**Should a nurse continue working if they are taking a chronic pain medication?**

This is up to the nurse and the nurse's treating physician. The nurse should discuss with a physician their ability to return to or remain at work in a practice setting and what type of setting is appropriate for the nurse. An evaluation by a pain management specialist to evaluate the nurse with regard to possible tolerance, physical dependence, or addiction may help with the decision. The affect of medication (narcotic or not) on a person's ability to function and make correct judgments will vary from person-to person. If a nurse believes they are impaired they should not practice.

With long-term or chronic use of a pain medication, the nurse may develop "tolerance" as the body adapts to the presence of the medication. The nurse may not experience lethargy, impaired judgment, slower response times, or other common side effects of pain medication. Extended-release pain medications may produce pain relief at doses that avoid many of the unwanted side effects noted above. Informing your nurse manager may be appropriate so they can assist in monitoring the practice of the nurse taking chronic pain medication. This promotes patient safety, meets needs of a facility, and allows a nurse to remain employed. If a nurse believes they are impaired by the medication, the nurse should not engage in clinical practice until the impairment is resolved.

**Are there certain types of medications that a nurse should not use while working?**

The Missouri State Board of Nursing does not prohibit the use of any medications that are obtained by a valid prescription. Alcohol or illegal substances such as marijuana, amphetamines, or cocaine ingested when a nurse is on-duty or on call subject to duty would be a violation of 335.066.2(2)(12) Violation of any professional trust or confidence. A patient and the nurse's employer have the right to trust and be confident that the nurse caring for them is not in any way impaired by a mind altering substance. If a medication gives a nurse a buzz and then that buzz wears off and they feel they are okay to work, that would be in violation of trust and confidence. If a nurse has an alcoholic beverage while they are on call and then gets called in to work, that is a violation of trust and confidence. People are often unaware of the effects of a mind altering substance on themselves, thus it is important to avoid all substances that have the potential to affect them. If prescription drugs are detected in a urine drug screen and the nurse does not have a prescription it may result in disciplinary action by the employer as well as in the nurse being reported to the Board.

**What happens if a complaint is filed about a nurse who is using a prescription pain medication?**

The complaint will be investigated. If the nurse has a valid prescription for the medication they will be asked to provide proof of the prescription. However having a prescription for a controlled substance does not allow the nurse to work under the influence of medication. The nurse is expected to be competent and able to function unimpaired. The nurse may be in violation of 335.066.2(1) Use or unlawful possession of any controlled substance, as defined in chapter 195, RSMo, or alcoholic beverage to an extent that such use impairs a person's ability to perform the work of any profession licensed or regulated by sections 335.011 to 335.096. Testing positive for a prescription medication that was prescribed to the nurse for an acute episode in the past is still violating the nurse practice act.

**When does a nurse cross the line between using and abusing pain medication, and who makes this decision?**

This is a judgment that should be made by qualified medical practitioners. As mentioned above, this could include an evaluation by a pain management specialist or other qualified practitioner to evaluate the nurse with regard to possible tolerance, physical dependence, or addiction issues. If a nurse is reported to the Board for practice-related errors and an investigation by the Board reveals the chronic pain medication issue, the Board has the authority to request an evaluation with pain management and/or chemical dependency components.

Applications for initial licensure and licensure renewal all contain the question: Do you currently, or did you within the past five years, use any prescription drug, controlled substance, illegal chemical substance, or alcohol, to the point where your ability to practice as a registered professional nurse would be affected?

Criminal activity by a nurse in relation to drugs or other substances may also impact the ability of the nurse to continue to practice.

**Could a nurse's license be in jeopardy if he or she uses an opiate-based prescription pain medication while working, even if the use is for a legitimate pain concern?**

If there is alleged practice impairment secondary to taking an opioid medication while on duty or subject to call, the Board may discipline the nurses license based on 335.066.2(1) Use or unlawful possession of any controlled substance, as defined in chapter 195, RSMo, or alcoholic beverage to an extent that such use impairs a person's ability to perform the work of any profession licensed or regulated by sections 335.011 to 335 or 335.066.2(2)(12) Violation of any professional trust or confidence. Each case is looked at on an individual basis by the Board.

# Two Staff Members Appointed to National Committees

Lori Scheidt, Executive Director and Bibi Schultz, Education Administrator of the Missouri State Board of Nursing were recently appointed to national committees by the National Council of State Boards of Nursing (NCSBN).

Lori Scheidt was appointed by the NCSBN Board of Directors to the Nurse Licensure Models Committee. The charge of the committee is as follows:

1. Identify and recommend solutions to address current and emerging licensure issues that impact patient safety in all jurisdictions.
2. Develop communication processes for regular sharing of information and promotion of dialogue to enhance the interface among all licensure models.

Bibi Schultz was appointed by the NCSBN Board of Directors to the Nursing Education Committee. Her appointment is for a two-year term, beginning immediately and ending in concert with the 2012 annual meeting.

The expertise and talent she will bring to this committee is crucial to the mission and strategic initiatives of the National Council. The FY2011 charge assigned to this committee is:

1. Analyze and present data from Member Boards regarding implementation of education program regulations that result in initial and continued approval compliance actions.
2. Examine the differences between Boards of Nursing requirements and accreditation standards for nursing education programs approved by Member Boards.
3. Assess the current and future purpose and focus for Board of Nursing approval of nursing education programs.

# NCSBN Considers Pertinent Association Business with Its Member Boards of Nursing at the 2010 Annual Meeting

**Media Contact:** Dawn M. Kappel
Director, Marketing and Communications
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dkappel@ncsbn.org
FOR IMMEDIATE RELEASE

CHICAGO–The National Council of State Boards of Nursing (NCSBN) met in Portland, Ore., Aug. 11–13, 2010, to consider pertinent association business with its member boards of nursing. All 60 member boards were represented by delegates.

Highlights of some of the significant actions approved by the member boards of nursing included:

- Adoption of revisions to the NCSBN Bylaws;
- Revisions to the NCSBN Mission Statement;
- Acceptance of the 2011-2013 Strategic Initiatives;
- Approval of the Bermuda Nursing Council, the College of Licensed Practical Nurses of Alberta and the College of Licensed Practical Nurses of British Columbia as associate members of NCSBN;
- Revisions to the NCSBN Model Practice Act and Administrative Rules;
- Adoption of the Guiding Principles for Continued Competence;
- Approval of the 2011 NCLEX-PN Test Plan; and
- Election of new directors to the Board of Directors and members of the Leadership Succession Committee.

"One of the most important outcomes of this meeting was the delegates' adoption of a new mission statement for the organization. Delegates embraced the need for an updated and more inclusive mission that focused on regulatory excellence for public protection," commented newly elected NCSBN President Myra A. Broadway, JD, MS, RN, executive director, Maine State Board of Nursing. She continued, "In addition, I know that the opportunity to network and debate important issues during this meeting will positively influence the work members perform in their jurisdictions in the coming year."

NCSBN will meet Aug. 2–5, 2011, in Indianapolis for its next annual Delegate Assembly.

*The National Council of State Boards of Nursing (NCSBN) is a not-for-profit organization whose members include the boards of nursing in the 50 states, the District of Columbia and four U.S. territories—American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also seven associate members.*

*Mission: NCSBN provides education, service and research through collaborative leadership to promote regulatory excellence for patient safety and public protection.*

*The statements and opinions expressed are those of NCSBN and not the individual member state or territorial boards of nursing.*

# NCSBN Publishes Four New Research Briefs

**Media Contact:** Dawn M. Kappel
Director, Marketing & Communications
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FOR IMMEDIATE RELEASE

Chicago–The National Council of State Boards of Nursing (NCSBN) sets an ambitious research agenda designed to advance the science of nursing regulation. NCSBN recently added to its body of research with the publication of four new briefs entitled, *Report of Findings from the 2009 TUNING Analysis: A Comparison of U.S. and International Nursing Educational Competencies; Report of Findings from the 2009 Job Analysis of Nurse Aides Employed in Nursing Homes/Long-term Care, Hospitals/Acute Care and Community/Home Health Care Settings; Report of Findings from the Comparison of Entry-level Registered Nurses in the U.S. and Ontario, Canada; and Report of Findings from the Comparison of Entry-level Registered Nurses in the U.S. and British Columbia, Canada.*

*Report of Findings from the 2009 TUNING Analysis: A Comparison of U.S. and International Nursing Educational Competencies* is an account of a new initiative that seeks to understand the role of nurses and nursing education from an international perspective. The goal of this study was to evaluate the consistency of nursing educational competencies globally.

*Report of Findings from the 2009 Job Analysis of Nurse Aides Employed in Nursing Homes/Long-term Care, Hospitals/Acute Care and Community/Home Health Care Settings* reports the importance ratings for activities performed by certified entry-level nurse aides/nursing assistants (NAs) employed in various health care settings. The findings from this study are used to evaluate the validity of the test plan, content outline and examination questions for the nurse aide certification examination.

*Report of Findings from the Comparison of Entry-level Registered Nurses in the U.S. and Ontario, Canada* compares entry-level nursing activities of U.S. registered nurses with a cohort from Ontario, Canada. The College of Nurses of Ontario (CNO) collaborated with NCSBN on this initiative.

*Report of Findings from the Comparison of Entry-level Registered Nurses in the U.S. and British Columbia, Canada* compares entry-level nursing activities of U.S. registered nurses with a cohort from British Columbia, Canada. The College of Registered Nurses of British Columbia (CRNBC) collaborated with NCSBN on this initiative.

NCSBN offers 48 volumes of research that include practice analyses and national surveys of the profession, covering topics such as nursing education and professional issues. Previously only available for purchase through NCSBN, these research briefs are now downloadable free of charge by visiting http://www.ncsbn.org/.

NEWS
NATIONAL ACADEMY OF SCIENCES
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INSTITUTE OF MEDICINE
NATIONAL RESEARCH COUNCIL
FROM THE NATIONAL ACADEMIES

# Health Care Reform and Increased Patient Needs Require Transformation of Nursing Profession

News Release, Oct. 5, 2010–Nurses' roles, responsibilities, and education should change significantly to meet the increased demand for care that will be created by health care reform and to advance improvements in America's increasingly complex health system, says a new report from the Institute of Medicine. The full report is available at http://national-academies.org/

Nurses should be fully engaged with other health professionals and assume leadership roles in redesigning care in the United States, said the committee that wrote the report. To ensure its members are well-prepared, the profession should institute residency training for nurses, increase the percentage of nurses who attain a bachelor's degree to 80 percent by 2020, and double the number who pursue doctorates. And regulatory and institutional obstacles–including limits on nurses' scope of practice–should be removed so that the health system can reap the full benefit of nurses' training, skills, and knowledge in patient care.

"The report's recommendations provide a strong foundation for the development of a nursing work force whose members are well-educated and prepared to practice to the fullest extent of their training, meet the current and future needs of patients, and act as full partners in leading advances in the nation's health care system," said committee chair Donna E. Shalala, president, University of Miami, Miami. "Transforming the nursing profession is a crucial element to achieving the nation's vision of an effective, affordable health care system that is accessible and responsive to all," added committee vice chair Linda Burnes Bolten, vice president for nursing, chief nursing officer, and director of nursing research, Cedars-Sinai Medical Center, Los Angeles.

At more than 3 million in number, nurses make up the single largest segment of the health care work force. They also spend the greatest amount of time in delivering patient care as a profession. Nurses therefore have valuable insights and unique abilities to contribute as partners with other health care professionals in improving the quality and safety of care as envisioned in the Affordable Care Act (ACA) enacted this year, the committee said.

States, federal agencies, and health care organizations should remove scope of practice barriers that hinder nurses from practicing to the full extent of their education and training, the report says. Scope of practice barriers are particularly problematic for advanced practice registered nurses (APRNs). With millions more patients expected to have access to health coverage through the ACA, the health care system needs to tap the capabilities of APRNs to meet the increased demand for primary care, the committee said. Data from studies of APRNs and the experiences of health care organizations that have increased the roles and responsibilities of nurses in patient care, such as the Veterans Health Administration, Geisinger Health System, and Kaiser Permanente, show that these nursing professionals deliver safe, high-quality primary care.

To handle greater responsibilities and the increasing complexity of health care, nurses should achieve higher levels of education and training through an improved

*Health Care Reform continued on page 8*

*Health Care Reform continued from page 7*

education system that includes creation of a residency program to help nurses transition from education to practice and additional opportunities for lifelong learning, the report says. Nursing is unique among health professions in that there are multiple tracks by which individuals can attain undergraduate education–through diploma, associate degree, or bachelor's degree programs. The health care system does not provide sufficient incentives for nurses to pursue higher degrees and additional training, the report says. Lack of academic progression has prevented more nurses from working in faculty and advanced practice roles at a time when there is a significant shortage in both areas, it adds. Public and private organizations should provide resources to help nurses with associate degrees and diplomas pursue a Bachelor of Science in Nursing within five years of graduation and to help nursing schools ensure that at least 10 percent of their baccalaureate graduates enter a master's or doctoral program within five years.

Health care organizations, including nursing associations and nursing schools, should also provide nurses greater opportunities to gain leadership skills and put them into practice, the report adds. Nurses in turn need to recognize their responsibility and capability to contribute on management teams, boards, and other groups shaping health care. To that end, all health professionals should have opportunities to be educated and trained with other health professionals, which would facilitate the kind of interprofessional practice that is called for by many to promote more effective patient care.

Transforming the health care system and the practice environment will require a balance of skills and perspectives among physicians, nurses, and other health care professionals. Shaping the work force needed to achieve this balance will necessitate better data on the numbers and types of health care professionals currently employed, where they are employed, and what types of activities they perform, the report says.

The report is the product of a study convened under the auspices of the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine, and is the result of the committee's review of scientific literature on the nursing profession and a series of public forums to gather insights and evidence from a range of experts. The Initiative on the Future of Nursing will organize a national conference Nov. 30 through Dec. 1 to discuss ways to implement the report's recommendations.

The report and the Initiative on the Future of Nursing are sponsored by the Robert Wood Johnson Foundation. Established in 1970 under the charter of the National Academy of Sciences, the Institute of Medicine provides independent, objective, evidence-based advice to policymakers, health professionals, the private sector, and the public. The National Academy of Sciences, National Academy of Engineering, Institute of Medicine, and National Research Council make up the National Academies. A committee roster follows.

Copies of The Future of Nursing: Leading Change, Advancing Health are available from the National Academies Press; tel. 202-334-3313 or 1-800-624-6242 or on the Internet at http://www.nap.edu. Additional information on the report is available at http://www.iom.edu/nursing. Reporters may obtain a copy from the Office of News and Public Information (contacts listed below). In addition, a podcast of the public briefing held to release this report is available at http://national-academies.org/podcast.

Contacts: Christine Stencel, Senior Media Relations Officer
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Study Director

# Missouri Center for Patient Safety Launches People, Priorities and Learning Together!

The Missouri Center for Patient Safety (MOCPS) welcomes 45 hospitals that have joined its *People, Priorities and Learning Together* (PPLT) Initiative.

The PPLT builds on the MOCPS-led Greater Kansas City area CUSP/Stop Blood Stream Infections initiative by bringing hospitals from across the state together to learn the building blocks of a Comprehensive Unit-based Safety Program (CUSP). In addition, through PPLT, participants will join national collaborative work to improve areas of high risk, central line-associated blood stream infections and catheter-associated urinary tract infections, beginning in early 2011.

Participants select PPLT modules, built from the Center's previous work, that best meet their individual organizational needs, including Just Culture, TeamSTEPPS™, establishing priorities for safety, key messaging for stakeholders, enhancing communication, and clinical collaboratives.

The heart of the program is CUSP, a model developed by Johns Hopkins, to bring front line staff together, to learn and utilize tools that help them engage as a team, along with executive and physician leaders, and proactively identify and address risks on their respective unit. The program is designed to prevent medical errors and injuries from errors, but also to dissect elements of errors that do occur, all with a focus on learning and prevention.

For more information about PPLT, contact the Center at 573-888-935-8272 or email Kimberly O'Brien, Project Manager, at kobrien@mocps.org.

# Missouri's Just Culture Collaborative Presented at the NCSBN 1st Scientific Symposium

Becky Miller, Executive Director of the Missouri Center for Patient Safety, recently addressed national nursing leaders at the September 26th Scientific Symposium of the National Council of State Boards of Nursing in Washing, DC, sharing Missouri's work to establish a common understanding of a "Just Culture" between health care providers and regulators.

Participants heard how the collaborative was established through the early leadership and support of the Missouri State Board of Nursing, and how 68 Missouri organizations worked together to gain knowledge of and implement components of a Just Culture. The collaborative led to a finding that the more actively engaged leadership is in learning about a Just Culture, the closer their own perceptions about the culture of safety at their organization reflect those of front line staff–evidence that Just Culture training improves awareness of the elements of culture that impact the safety of care, a first step in improving the culture for safety.

# Disciplinary Actions**

Pursuant to Section 335.066.2 RSMo, the Board "may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license" for violation of Chapter 335, the Nursing Practice Act.

**Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee's identity, please check the license number. Every discipline case is different. Each case is considered separately by the Board. Every case contains factors, too numerous to list here, that can positively or negatively affect the outcome of the case. The brief facts listed here are for information only. The results in any one case should not be viewed as Board policy and do not bind the Board in future cases.

## CENSURE

**Duke, Darin L.**
Saint Joseph, MO
**Registered Nurse 152731**
Licensee was requested to submit to a drug screen. The screen returned positive for hydromorphone. Licensee did not have a valid prescription for hydromorphone. Licensee's wife had a prescription for hydromorphone. Licensee admitted that he took some of his wife's hydromorphone due to a migraine headache.
Censure 8/10/2010 to 8/11/2010

**Eaton, Carolyn K.**
Sikeston, MO
**Registered Nurse 110731**
On June 2, 2007, Licensee withdrew two doses of 10/650 Lorcet but documented administering two doses of 7.5/500 Lorcet with no waste documented. On August 27, 2007, Licensee withdrew Lortab 5/500 but did not document it as administered or wasted. On April 14, April 15 and April 18, 2008, a patient was given

***CENSURE Continued...***

insulin at lunch when there was no physician order for this time frame.
Censure 8/3/2010 to 8/4/2010

**Redford, Timothey W.**
Parkville, MO
**Licensed Practical Nurse 054842**
Respondent was required to contract with FirstLab to schedule random drug and alcohol screenings. Respondent was required to call a toll free number every day to determine if he was required to submit a sample for testing that day. Respondent failed to call in to FirstLab on 58 days.
Censure 6/9/2010 to 6/10/2010

**Bayless, Silvia**
Leeton, MO
**Registered Nurse 2000165052**
On November 29, 2008, Licensee was assigned a patient from the ER. The patient had orders for 3 grams of Unasyn every eight hours. The patient received their first dose in the ER at 2:45 p.m. Subsequent doses should have been administered at 10:00 p.m. and 6:00 a.m. When Licensee gave report at 7:00 a.m., she had not given either dose. Licensee was also assigned to a diabetic patient that was supposed to have his blood glucose checked every morning. Licensee failed to perform the check on the morning of November 30, 2008.
Censure 8/3/2010 to 8/4/2010

**Jackson, Linda Marie**
Kansas City, MO
**Registered Nurse 2004022833**
On October 20, 2008, Licensee was caring for an oncology patient. The patient presented to the clinic with a prescription. The prescription was ordered to be administered once a month. The prescription did not have a specific date for the next infusion. Licensee should have checked the patient's chart to determine when the last time the patient had been infused. Licensee failed to do so. The pharmacist filled the order and Licensee began the infusion. During the infusion, Licensee found the patient's chart and determined that the patient was not due for another dose for two weeks. At that point, the infusion was complete or nearly

***CENSURE Continued...***

complete. Licensee falsely documented that the drug was not infused and that the patient was to return in two weeks to receive the infusion.
Censure 6/25/2010 to 6/26/2010

**Chavez, Lois I.**
St Joseph, MO
**Registered Nurse 130239**
On July 2, 2008 Licensee requested the assistance of a CNA to apply skin treatment to wounds. Licensee provided keys to the treatment cart and handed the supplies to the CNA. Licensee then initialed and dated the tape and dressing for the CNA. The appropriate treatment was applied, but the wounds were not properly cleansed before the application. Applying treatments to wounds is outside the scope of practice for a CNA. When Licensee was questioned about allowing a CNA to practice outside her scope, she replied by saying that she was busy and did not have time to do the treatments.
Censure 7/13/2010 to 7/14/2010

## PROBATION

**Ameiss, Laura M.**
Washington, MO
**Registered Nurse 107531**
On or about February 27, 2008, a physician at the Medical Center, received a phone call from a Pharmacy regarding four prescriptions for Ultracet written for Licensee. The prescriptions all contained physicians signature and were dated December 18, 2007, January 11, 2008, January 25, 2008 and February 14, 2008. Physician denied knowledge of the prescriptions written for Licensee. Licensee initially denied forging physicians name on the four prescriptions for Ultracet. However, after further questioning, Licensee admitted to forging the physician's signature on the prescriptions.
Probation 6/16/2010 to 6/16/2013

***PROBATION Continued on page 11***

*PROBATION Continued from page 10*

**Young, Adam Daniel**
Saint Joseph, MO
**Licensed Practical Nurse 2008027522**
In accordance with the terms of the Agreement, Respondent was required to meet with representatives of the Board at regular intervals. Respondent was advised by certified mail to attend a meeting with the Board's representative on March 17, 2010. Respondent failed to attend the meeting and did not call the Board to reschedule the meeting.
Probation 6/9/2010 to 6/9/2013

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**Foster, Alice Ann**
Shawnee Mission, KS
**Registered Nurse 136227**
On September 25, 2009, the Kansas State Board of Nursing disciplined the Kansas nursing license of licensee. The basis for the discipline imposed by the Kansas State Board of Nursing constituted grounds for which revocation or suspension is authorized in this state. Specifically, Licensee's Kansas license was placed on probation for diverting prescription pads and using those pads to fraudulently obtain controlled substances for her personal use.
Probation 6/9/2010 to 6/9/2012

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**Levine, Spring E.**
Windsor, MO
**Registered Nurse 2001002250**
On April 10, 2009 licensee unlawfully possessed marijuana. On June 15, 2009 Licensee entered pleas of guilty to two separate counts. Count I was for possession of a controlled substance except 35 grams or less of marijuana, a Class C felony. Levine was charged with and pled guilty to possession of oxycodone. Licensee's guilty pleas to Count II was for possession of up to 35 grams of marijuana a class A misdemeanor.
Probation 6/8/2010 to 6/8/2012

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**Pohl, Julie Ann**
Glen Carbon, IL
**Registered Nurse 2005030362**
On January 21, 2009, the Illinois State Board of Nursing disciplined the Illinois nursing license of licensee. Specifically Licensee's Illinois license was placed on probation for diverting controlled substances from her employer. License also tested positive for controlled substances when tested by her employer.
Probation 6/9/2010 to 6/9/2012

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**Webb, Sonja Renee**
Marthasville, MO
**Registered Nurse 2006024334**
In August of 2009, a co-worker of Licensee's advised the nurse manager that she was uncomfortable with Licensee's practice of adjusting insulin levels without consulting the patient's physician. Based on this complaint, the hospital conducted a chart audit going back to July, 2009 of all of Licensee's patients. The chart audit confirmed that Licensee, on a regular basis, would not follow doctor's orders concerning the administration of insulin. Licensee would regularly hold, or not administer, increase or decrease the patient's insulin without consulting the patient's physician. When interviewed by an investigator for the Board, Licensee admitted that she would adjust the patient's insulin without consulting a physician. Adjusting or withholding insulin from a patient is outside the scope of practice for a registered professional nurse.
Probation 8/3/2010 to 8/3/2012

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*PROBATION Continued...*

**Hernandez, Aaron J.**
Kansas City, MO
**Registered Nurse 2007019141**
Due to suspicious behavior reported by fellow nurses, a pyxis audit was run on Licensee in February, 2009. The audit revealed multiple discrepancies, including: licensee pulling controlled substances for patients that he was not assigned to; licensee administering controlled substances to patients who were not reporting pain; and licensee pulling controlled substances but failing to document administration or waste of the medication. Based on these discrepancies, Licensee was requested to submit to a drug screen. The test was positive for Fentanyl. When interviewed by an investigator for the Board, Licensee admitted that he diverted Fentanyl for his personal consumption.
Probation 6/16/2010 to 6/16/2014

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**Shepard, Robin L.**
Willow Springs, MO
**Registered Nurse 141421**
Respondent was required to contract with the Board's third party administrator, currently National Toxicology Specialists (NTS), and participate in random drug and alcohol screenings. Respondent was to complete the NTS drug screen packet and submit the completed contract to NTS within twenty days of the effective date of the Order. As of the filing date of the complaint, Respondent had not completed the contract process with NTS.
Probation 6/8/2010 to 6/8/2012

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**Grant, Betsy S.**
Reeds Spring, MO
**Licensed Practical Nurse 2002026519**
On February 20, 2009, Licensee administered three 80 mg Oxycontin tablets to a resident. The doctor's orders called for two tablets. On the same day, Licensee administered two 15 mg Morphine Sulfate ER tablets to a resident. The doctor's orders called for one tablet. On the same day, Licensee administered two 30 mg Morphine tablets to a resident. The doctor's orders called for one tablet. Licensee admitted that she gave the residents extra medications because she felt their pain issues were not being properly addressed.
Probation 6/22/2010 to 6/22/2012

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**Annesser, Heather Celeste**
Dexter, MO
**Licensed Practical Nurse 2007022826**
On February 28, 2008, Licensee pled guilty to the Class A Misdemeanor of Passing Bad Checks The Court suspended imposition of sentence and placed Licensee on two (2) years of supervised probation. On March 3, 2008, Licensee pled guilty to the Class A Misdemeanor of Passing Bad Checks. The Court suspended imposition of sentence and placed Licensee on two (2) years of supervised probation.
Probation 7/15/2010 to 7/15/2011

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**McLoughlin, Christopher Todd**
Lake Ozark, MO
**Registered Nurse 2006006156**
On June 1, 2009, Licensee was requested to submit to a drug screen due to charting discrepancies. The test was positive for meperidine. When confronted, Licensee admitted to the hospital's administration that he had diverted Demerol from the hospital for his personal consumption.
Probation 6/29/2010 to 6/29/2013

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*PROBATION Continued...*

**Coy, Laura Michelle**
Cameron, MO
**Licensed Practical Nurse 2006030429**
On January 25, 2008, Licensee documented that she had administered pain medications to three patients that she was assigned to care for. When asked about their pain management by a nurse relieving Licensee, all three patients stated that they had not received any pain medications during Licensee's shift. In her written response to the Board regarding this incident, Licensee admitted that she charted the administration of the medications prior to administering them. She also stated that, in fact, the medications were returned to the pyxis after the patient's orders were changed. On October 29, 2008, Licensee documented that she had administered pain medications to a patient that she was assigned to care for. When asked about her pain management by a nurse relieving Licensee, the patient and her husband indicated that the patient had not received any pain medication during Licensee's shift. Licensee was terminated as a result of this incident.
Probation 6/22/2010 to 6/22/2010

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**Casamento, Anita M.**
Saint Louis, MO
**Registered Nurse 112880**
On October 8, 2008, a Pyxis audit revealed multiple instances of narcotics being withdrawn with no orders on any of the narcotics withdrawn. There was also no documentation of administration or waste of the narcotics. Licensee submitted to a for-cause drug screen which was positive for propoxyphene. Licensee did not have a valid prescription for propoxyphene. Upon further investigation, it was discovered that in Licensee's last two weeks of employment, there were eleven instances where Lorazepam, Propoxyphene and Hydrocodone were removed from the Pxyis and no charting was completed indicating this medication had been administered to the patients or wasted. When questioned by an investigator for the Board, Licensee admitted to diverting and ingesting the narcotics while on duty.
Probation 6/16/2010 to 6/16/2014

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*PROBATION Continued on page 12*

*PROBATION Continued from page 11*

**Adams, Richard Dwayne**
Neosho, MO
**Licensed Practical Nurse 2006036779**
On February 25, 2009, while caring for a client in the client's home, Licensee was found sleeping on the couch while the client was sitting in a wheelchair watching television. On another occasion, while assisting the mother in changing the patient's brief, Licensee made an inappropriate comment about the patient's pubic hair.
Probation 6/16/2010 to 6/16/2012

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**Phillips, India Nicole**
Cassville, MO
**Registered Nurse 2002030711**
On December 15, 2008, Licensee retrieved Demerol that had been placed in the biohazard box. Licensee injected the Demerol while on duty. Upon the diversion being discovered, Licensee admitted to the administrator that she had diverted the Demerol and used it while on duty.
Probation 6/16/2010 to 6/16/2013

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**Morgan, Michael Warren**
Kansas City, MO
**Registered Nurse 2010030354**
On July 25, 2001, Licensee pled guilty to the offense of 'Driving While Intoxicated'. On May 7, 2003, Licensee pled guilty to the offense of 'Driving While Intoxicated'. On April 21, 2006, Licensee pled guilty to the Class A Misdemeanor of 'Driving While Intoxicated–Prior Offender'.
Probation 8/25/2010 to 8/25/2013

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**Hurst, Mandy Lynn**
Dixon, MO
**Licensed Practical Nurse 2002020016**
On October 27, 2008, Licensee pled guilty to two counts of misdemeanor "Supplying Intoxicating Liquor to a Minor"
Probation 6/1/2010 to 6/1/2012

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**Moore, Sherry**
Adrian, MO
**Registered Nurse 154475**
On or about March 23, 2006 Licensee submitted to a random drug screen. Licensee's drug screen tested positive for Methamphetamine.
Probation 6/8/2010 to 6/8/2012

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**Harper, Patricia Kathleen**
Hermann, MO
**Licensed Practical Nurse 2007033496**
In October and November of 2008, Licensee was employed as a licensed practical nurse. On at least two separate occasions, Licensee diverted Provigil for her own personal consumption.
Probation 6/30/2010 to 6/30/2013

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**Bliefert, Tracie Lynn**
Malden, MO
**Licensed Practical Nurse 2005036429**
Respondent was required to contract with FirstLab to schedule random drug and alcohol screenings. Respondent was required to call a toll free number every day to determine if she was required to submit a sample for testing that day. During her disciplinary period, Respondent failed to call in to FirstLab on

*PROBATION Continued...*

thirty-four (34) days. Further, on July 24, 2009; December 2, 2009; January 28, 2010; and February 26, 2010, Respondent called FirstLab and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a laboratory to provide the requested sample. Respondent was required to submit employer evaluations from each and every employer. If Respondent was unemployed, a notarized statement indicating the dates of unemployment was to be submitted in lieu of employer evaluations. The Board did not receive the employer evaluation that was due on September 11, 2009 until October 12, 2009. Respondent failed to submit an employer evaluation or statement of unemployment by the February 26, 2010 documentation due date.
Probation 6/8/2010 to 6/8/2011

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**Baughn, Carol L.**
Mountain View, MO
**Licensed Practical Nurse 037362**
On or about February 05, 2008, Respondent was taking the pulse and O2 levels of a resident when the resident became combative. Baughn grabbed the resident's wrists and told the resident that if the resident didn't stop, the resident would not like what would happen next. The resident's wrists were bruised and the resident, though suffering from dementia, was found to have suffered emotional injuries. For the above described actions, Baughn was placed on the Missouri Department of Health and Senior Services Employee Disqualification List for one year, from June 30, 2008 through June 30, 2009.
Probation 6/30/2010 to 6/30/2011

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# SUSPENSION

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**Graham, Patricia K.**
Peabody, MA
**Registered Nurse 113253**
On June 5, 2008, Licensee removed 305 mg of Morphine Sulphate from the hospital's pyxis. Licensee failed to document the administration or waste of any of the Morphine Sulphate. On June 5, 2008, Licensee removed 3000 mcg of Fentanyl. Licensee documented that she wasted 125 mcg. The remaining 2875 mcg were not documented. On June 5, 2008, Licensee removed 38 mg of Dilaudid. Licensee documented that she wasted 5 mg. The remaining 33 mg were not documented. On June 5, 2008, Licensee removed 32 mg of Lorazepam. Licensee failed to document any administration or waste of the Lorazepam. On June 29, 2008, Licensee removed 80 mg of Morphine Sulphate for two different patients, for a total of 160 mg. Licensee documented that she administered 70 mg to each patient and returned 10 mg for each patient. An audit revealed that only 10 mg had been returned, leaving 10 mg unaccounted for. On March 9, 2009, Licensee removed 20 mg of Morphine. Licensee withdrew the Morphine under the name of the patient in one room, but administered it to a patient in another room. Licensee failed to correct the error. As a result, the Morphine was billed to a patient that did not receive the medication. On March 9, 2009, Licensee removed 5 mg of Morphine. Licensee did not chart the administration or waste of any Morphine. Further, Licensee withdrew the Morphine under the name of a patient that was not assigned to her and did not have an order for Morphine. On March 9, 2009, Licensee withdrew 400 mcg of Fentanyl. Licensee charted the administration of 100 mcg. Licensee did not chart the remaining 300 mcg.
Suspension 7/13/2010 to 10/11/2010
Probation 10/12/2010 to 10/12/2013

# REVOKED

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**Grigsby, Crystal Leann**
Springfield, MO
**Registered Nurse 2008006843**
An audit of Licensee's Omnicell use revealed multiple occasions that Licensee removed a narcotic from the Omnicell despite there not being an order for the narcotic. The audit also revealed that Licensee withdrew narcotics at a much higher rate than her co-workers. A more thorough audit revealed that, between July and October 2008, Licensee withdrew 706.5 mg of Hydromorphone that were not documented as administered or wasted. Due to some narcotics being removed from the Pyxis and unaccounted for, records were pulled and reviewed for a thirty day period between October 9, 2009 and November 5, 2009. In the audit, approximately 55 instances were discovered when Licensee withdrew Dilaudid without a physician order and without documentation of administration or waste. On October 31, 2009, Licensee wrote a verbal order from a physician for 2 mg of Dilaudid. The physician denied giving the order when he reviewed the order for signature.
Revoked 6/25/2010

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**Elliott, Eric A.**
Conception Junction, MO
**Registered Nurse 2001021688**
On March 26, 2007, Elliott pled guilty to fraudulently attempting to obtain a controlled substance.
Revoked 6/9/2010

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**Turner, Christine Elizabeth**
Saint Louis, MO
**Licensed Practical Nurse 2007024825**
Respondent was required to submit employer evaluations from each and every employer. The Board did not receive an employer evaluation by the December 21, 2009 or the March 22, 2010 due dates. Respondent was required to contract with FirstLab to schedule random drug and alcohol screenings. Respondent was required to call a toll free number every day to determine if she was required to submit a sample for testing that day. Respondent failed to call in to FirstLab on 13 days. Respondent was prohibited from violating the Nursing Practice Act. Respondent was employed at a nursing home. Respondent was terminated for multiple charting errors. Between April 2, 2009 and April 30, 2009, Respondent withdrew oxycodone for a patient thirteen times. Respondent failed to document the administration or waste of the oxycodone.
Revoked 6/9/2010

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**Haynes, Kathy D.**
Mexico, MO
**Registered Nurse 120710**
Respondent was required to meet with representatives of the Board at regular intervals. Respondent was advised to attend a meeting with the Board. Respondent did not attend the meeting. Respondent was required to contract with the Board's third party administrator and participate in random drug and alcohol screenings. Respondent was to submit the completed contract within twenty days. Respondent did not complete the contract process. Respondent was required to undergo a thorough mental health evaluation within 6 weeks and have the results sent to the Board. The Board never received a thorough mental health evaluation.
Revoked 6/9/2010

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**Franken, Charlene Renee**
Bloomsdale, MO
**Registered Nurse 2000163726**
Respondent was required to contract with the Board's third party administrator and participate in random drug and alcohol screenings. Respondent was to submit the completed contract within twenty days. Respondent failed to complete the registration process. Respondent was required to undergo a

*REVOKED Continued on page 13*

*REVOKED Continued from page 12*

thorough chemical dependency evaluation within six weeks and have the results sent to the Board. The Board never received a thorough chemical dependency evaluation. Respondent was required to undergo a thorough mental health evaluation within six weeks and have the results sent to the Board. The Board never received a thorough mental health evaluation.
Revoked 6/9/2010

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**Brown, Holly Elizabeth**
Kimberling City, MO
**Registered Nurse 2002028261**
Respondent was required to contract with the Board's third party administrator to schedule random drug and alcohol screenings. Respondent was required to call a toll free number every day to determine if she was required to submit a sample for testing. Respondent failed to call in on twenty (20) days. Respondent was required to abstain from the use or possession of any controlled substance or other drug for which a prescription is required unless use of the drug had been prescribed. Respondent submitted a urine sample for random drug screening. The sample tested positive for the presence of marijuana and tramadol.
Revoked 6/9/2010

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**Miller Callen, Lori**
Jefferson City, MO
**Registered Nurse 098883**
Licensee signed a return-to-work agreement after she tested positive on a drug screen that was conducted after discovery of missing medication. Licensee agreed to refrain from the possession or use of any controlled substances or mood-altering drugs. Licensee stole medication from the facility. The medication included controlled substances that were to be destroyed. In August of 2005, it was discovered that Fentanyl was missing from the facility. On August 10, 2005, Licensee and several other nurses were given drug tests. Licensee was the only nurse who tested positive for opiates, and it was confirmed that the opiate in Licensee's system was Fentanyl. Fentanyl is a controlled substance. Because she violated the return-to-work agreement and tested positive on her drug screen, Licensee was terminated from the facility.
Revoked 6/9/2010

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**Osborn, James M.**
Jefferson City, MO
**Registered Nurse 101863**
On August 27, 2007, Licensee pled guilty to two (2) counts of the Class C Felony of Assault in the Second Degree-DWI. On September 13, 2007, Licensee pled guilty to the Class B Misdemeanor of Driving While Intoxicated. On January 20, 2009, Licensee pled guilty to the Class B Misdemeanor of Driving While Intoxicated-Combined Alcohol/Drug Intoxication.
Revoked 7/15/2010

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# VOLUNTARY SURRENDER

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**Shackelford, Melinda Sue**
Clarinda, IA
**Registered Nurse 2008031414**
On February 25, 2009, the Iowa State Board of Nursing entered an Order finding that Licensee had violated the Nursing Practice Act of Iowa. The Order constituted a disciplinary against Licensee's Iowa registered nursing license.
Voluntary Surrender 7/13/2010

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**Koetting, Janice M.**
Somerset, MA
**Registered Nurse 077557**
Voluntary Surrender 8/9/2010

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**Johnson, Sarah L.**
Saint Joseph, MO
**Registered Nurse 1999139691**
On August 25, 2009, Licensee administered 25 mg of Haldol to a patient when the physician's order called for 2.5 mg. Licensee was requested to submit to a urine drug screen. The screen returned positive for methamphetamine, amphetamine, codeine and morphine. Licensee did not have a valid prescription for any of the controlled substances that she tested positive for.
Voluntary Surrender 8/10/2010

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**Shoemaker, Stephanie Allison**
House Springs, MO
**Registered Nurse 2008021261**
Licensee was employed as a registered nurse at a hospital. In a pharmacy audit, 256 discrepancies were discovered under Licensee's login in a twenty-eight day period. In all 256, Licensee withdrew medications but there was no documentation of the administration or waste. When Licensee was questioned, she could not explain what happened to the medications in question.
Voluntary Surrender 6/16/2010

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**King, Michael C.**
House Springs, MO
**Licensed Practical Nurse 2002001427**
Respondent was required to submit employer evaluations from

*VOLUNTARY SURRENDER Continued*

each and every employer. The Board did not receive an employer evaluation by the December 21, 2009 or the March 22, 2010 due dates. Respondent was required to contract with FirstLab to schedule random drug and alcohol screenings. Respondent was required to call a toll free number every day to determine if she was required to submit a sample for testing that day. Respondent failed to call in to FirstLab on 13 days. Respondent was prohibited from violating the Nursing Practice Act. Respondent was employed at a nursing home. Respondent was terminated for multiple charting errors. Between April 2, 2009 and April 30, 2009, Respondent withdrew oxycodone for a patient thirteen times. Respondent failed to document the administration or waste of the oxycodone.
Voluntary Surrender 7/27/2010

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## The Board of Nursing is requesting contact from the following individuals:

**Colleen Brady – PN024390**
**Susanne Langston – PN050275**
**Diana McFatrich – RN145424**
**Jeannie Renee Owens – PN2001025370**
**Martha Witcher – RN081502**
**Paul Wolford – RN149885**

If anyone has knowledge of their whereabouts, please contact Beth at 573-751-0082 or send an email to nursing@pr.mo.gov

**NOTIFICATION OF NAME AND/OR ADDRESS CHANGE**

☐ NAME CHANGE ☐ ADDRESS CHANGE ☐ PHONE CHANGE

_____ ☐ RN ☐ LPN _____
Missouri License Number Social Security Number

→_____ _____
**Signature** ***(This form must be signed)*** Date

**NAME AS CURRENTLY IN OUR SYSTEM**

_____ _____
Last Name (Printed) First Name (Printed)

**NEW INFORMATION**

_____
Last Name First Name Middle Name

(_____)_____ _____
Daytime Telephone Number E-mail Address

**PRIMARY STATE OF RESIDENCE ADDRESS: (where you vote, pay federal taxes, obtain a driver's license)**

_____
Physical address required, **PO boxes are not acceptable**

_____
CITY STATE ZIP

***MAILING ADDRESS (ONLY REQUIRED IF YOUR MAILING ADDRESS IS DIFFERENT THAN PRIMARY RESIDENCE)***

_____
STREET OR PO BOX

_____
CITY STATE ZIP

☐ **I am employed exclusively in the U.S. Military (Active Duty) or with the U.S. Federal Government and am requesting a Missouri single-state license regardless of my primary state of residence.**

**Return completed form to: Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102**
**Or**
**Fax to 573-751-6745**